



LOS ANGELES COUNTY COMMISSION ON HIV

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

PRIORITIES AND PLANNING (P&P) COMMITTEE MEETING MINUTES

April 13, 2010

Approved
5/18/2010

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	PUBLIC, CONT.	COMM STAFF/ CONSULTANTS
Kathy Watt, <i>Co-Chair</i>	Jeffrey Goodman, <i>Co-Chair</i>	Carla Bailey	Jenny O'Malley	Jane Nachazel
Michael Green	Robert Butler	Jeff Bailey	Juan Rivera	Glenda Pinney
Bradley Land	Douglas Frye	Robert Boller	Craig Thompson	Craig Vincent-Jones
Ted Liso	Anna Long	Anthony Braswell	Jason Wise	
Quentin O'Brien		Miguel Fernandez		
Tonya Washington-Hendricks		Aaron Fox		HIV EPI AND OAPP STAFF
		Miki Jackson		
		Thelma James		
		Paul Meza		

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Priorities and Planning (P&P) Committee Meeting Agenda, 4/13/2010
- 2) **Minutes:** Priorities and Planning (P&P) Committee Meeting Minutes, 3/23/2010
- 3) **Program/Planning News:** FY 2011 Priority- and Allocation-Setting, 3/24/2010
- 4) **Table:** Fiscal Year 2010 Pre-award Allocations, 4/13/2010
- 5) **PowerPoint:** Medical Care Coordination (MCC): Background and Development, 8/3/2009

1. **CALL TO ORDER:** Ms. Watt called the meeting to order at 1:55 pm and Committee members noted their conflicts of interest.
2. **APPROVAL OF AGENDA:**
MOTION #1: Approve the Agenda Order (*Passed by Consensus*).
3. **APPROVAL OF MEETING MINUTES:**
MOTION #2: Approve the 3/23/2010 Priorities and Planning (P&P) Committee Meeting Minutes (*Passed by Consensus*).
4. **PUBLIC COMMENT, NON-AGENDIZED:** There were no comments.
5. **COMMISSION COMMENT, NON-AGENDIZED:** There were no comments.
6. **PUBLIC/COMMISSION COMMENT FOLLOW-UP:** There were no comments.
7. **CO-CHAIRS' REPORT:** Ms. Watt welcomed the public. She noted Mr. Goodman and Scott Singer are attending the California Planning Group meeting.
8. **FY 2009/2010 EXPENDITURES:** There was no report.

9. **FY 2010 PRIORITY- AND ALLOCATION-SETTING:**

A. **Consideration of Allocation Revisions:**

- Mr. Vincent-Jones reported OAPP was notified of the FY 2010 (3/1/2010-2/28/2011) Part A/MAI award the prior week. P&P previously agreed to review FY 2010 allocations if there was a funding change. The Commission may keep percentages as allocated by adjusting each contract incrementally, but administrative costs are high. It may also identify specific allocation changes.
 - The estimated Part A/MAI awards for FY 2010 of \$39,677,933 compared to a FY 2009 award of \$38,740,129, indicating a \$937,804 (2.4%) increase. Mr. Vincent-Jones noted the FY 2010 MAI cycle ends in July, but the FY 2010 cycle is aligned with Part A. OAPP has a pending request to roll-over unspent FY 2009 MAI to FY 2010.
 - Approximately 1% of Part A is \$300,000 with another \$100,000 for State Single Allocation Model (SAM) funds.
 - Dr. Green reported OAPP just received its SAM award for the contract year starting 7/1/2009. The State also received its FY 2010 Part B award with an increase of \$6 million, but how the funds will be used is not known.
 - Dr. Green noted differing population needs will be addressed in the RFP for Medical Outpatient/Specialty (MO/S).
 - Ms. Watt relayed that a SPA 5 meeting encouraged augmentation of the Mental Health reimbursement rate to expand availability of clinicians. Mr. Vega-Matos noted OAPP has approved many pay level increase requests, but has questioned some as excessive. He added providers use interns with varying university pay arrangements and varying supervision depending on service scope.
 - Ms. Washington-Hendricks suggested backfilling previous cuts like to CM, Psychosocial; Nutrition Support (NS); Medical Transportation (MT); and CM, Home-based.
 - Mr. Liso suggested zeroed out categories like Substance Abuse, Treatment; Residential, Transitional; Home Health Care; and Child Care should receive allocations.
 - Ms. Watt said augmenting contracts takes 4 to 8 months and initiating them takes longer.
 - Dr. Green noted services with fee-for-service or unit costs that can be scaled up quickly are: MO/S, MT, Oral Health, Residential and Substance Abuse. It is harder to track increased services and ensure staffing stability for categories funded with cost reimbursement.
 - Mr. Vincent-Jones noted some categories like NS and MT were cut for non-budget reasons and have reviews planned. Benefits Specialty and Health Insurance Premiums/Cost Sharing (HIP/CS) are scheduled for mid-year utilization review.
 - Dr. Green noted the CM, Home-Based allocation was increased to \$3,155,000 to offset last year's \$2 million State cut. He proposed allocating the full increase to the Therapeutic Monitoring Program (TMP) under MO/S. TMP previously received \$3 million in State funds that were cut the prior year. OAPP has backfilled about \$2 million and has a good test price, but data indicates a \$1 million gap that could only be addressed by reducing other services.
 - Mr. Vincent-Jones asked about OAPP's earlier estimated savings of up to 50% with better voucher use. Dr. Green said the number of patients is stable, but patients entering the system need more laboratory work to stabilize regimens while experienced patients move to other funding streams like Medi-Cal. OAPP did not have voucher data before as the Public Health Laboratory reported it directly to the State. It was erroneously thought up to \$800,000 was returned to the State.
 - ➡ It was agreed to review non-Ryan White covered costs of various service categories. There is often more information about Medical Outpatient costs than others. Such information can help evaluate other resources and effective utilization.
 - ➡ A parking lot list of items to be addressed starting in June or July 2010 include: 1) Medical Transportation utilization, 2) Oral Health, 3) under-spending policy, 4) SPA 1 and 5) relationship of standards of care to costs.
- MOTION #3 (O'Brien/Land):** Augment Medical Outpatient/Specialty by the entire amount of the increase and adjust percentage allocations accordingly (**Passed: Ayes:** Land, Liso, O'Brien, Watt; **Opposed:** Washington-Hendricks; **Abstention:** Green).

10. **FY 2011 PRIORITY- AND ALLOCATION-SETTING:**

A. **Medical Care Coordination (MCC) Transition and Implementation:**

- Dr. Green reported the Transition Advisory Group (TAG) met regularly through January 2010. It is composed of Commission representatives, OAPP staff, providers and consumers, facilitated by consultant Donna Yutzy.
- OAPP also has an internal group which reviewed TAG recommendations and will refer additional questions to it when it resumes meeting shortly. Results will then be forwarded to the Standards of Care Committee for review. To date, the group has identified some gaps in the service and some standard sections may be either too restrictive or loose.
- The work plan and timeline for MCC implementation are being revised to acknowledge dependence on related milestones. It is expected that the first MCC contracts can be implemented sometime during FY 2011.
- The first necessary milestone is selection of contractors for the new MO/S contracts as MCC integrates case management in a "medical home." MO/S RFP responses are due in June 2010 with contracts by summer 2011.

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- The number of MO/S sites may be reduced from 33 to as few as 20, for example, but will be determined by client need. Any adjustment will be done with sufficient time to ensure provider and client transition. No providers are known to be at risk of closure should a particular site lose Ryan White funding.
- HRSA guidance is tending toward coordinated medical and non-medical case management reporting, but now classifies RN-supervised CM, Medical as a core service while CM, Psychosocial is classified as a support service. How to contract and report the two most effectively is being investigated. The standard of care does not require co-location. Clients find co-location convenient, but not all contracted providers offer it and some clients seek services outside the system.
- A training component is part of the MCC implementation plan to ensure case managers are educated in the transition and can explain it to clients to assure them of their continuity of care.
- The second milestone is the new database management system that will be solicited in the next six weeks. The current system is not capable of adequately supporting the higher data collection requirements of MCC.

11. **NUTRITION SUPPORT STUDY:** This item was postponed.

12. **PROCUREMENT/SOLICITATION PROCESS REFORM:** This item was postponed.

13. **ADVERSITY SECTORS:** This item was postponed.

14. **GEOGRAPHIC ESTIMATE OF NEED FORMULA:** This item was postponed.

15. **HOSPICE SERVICES NEEDS ASSESSMENT:** This item was postponed.

16. **MONITORING GOALS/OBJECTIVES:** This item was postponed.

17. **COMMITTEE WORK PLAN:** This item was postponed.

18. **OTHER STREAMS OF FUNDING:** This item was postponed.

19. **STANDING SUBCOMMITTEES:** This item was postponed.

20. **NEXT STEPS:** There was no additional discussion.

21. **ANNOUNCEMENTS:** Mr. Goodman, Ms. Watt, Ms. Pinney and Mr. Vincent-Jones will develop the FY 2011 P-and-A presentation. Presentations will be held in SPAs 2, 3, 4, 5 and 6.

22. **ADJOURNMENT:** The meeting was adjourned at 4:35 pm. The next meeting will be 4/20/2010, 1:30 to 4:30 pm, 3530 Wilshire Boulevard, 8th Floor, Conference Room C, Los Angeles, CA 90010.